

**Central New Mexico Community College  
School of Business & Information Technology  
Experiential Learning  
Time Log**

Name \_\_\_\_\_ ID# \_\_\_\_\_ (if SS# use only last 4 digits)  
 Major \_\_\_\_\_  
 Semester \_\_\_\_\_

<b>Days</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Total Hours</b>	<b>Cumulative Hours</b>
<b>Dates (Mo/Day/Yr)</b>									
<b>Total Hours Worked</b>									
<b>Days</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Total Hours</b>	<b>Cumulative Hours</b>
<b>Dates (Mo/Day/Yr)</b>									
<b>Total Hours Worked</b>									

Verification

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Submit every two weeks to instructor of record, School of Business & Information Technology. Deliver to Smith Brasher hall, Room 103, scan and attach to email to the class instructor or fax to: 224-3850, attention: "your instructor's name".